UTILITY	Attorney Docket No.	DP-304,881
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Please type a plus sign (+) inside this box - +		PTO/SB/05 (11-00)

DV.	TENT ADDITION	First Inv	entor		BI				
PA	TENT APPLICATION TRANSMITTAL	Title	BATTERY PA	ACK HAVING PERFORATED TERMINAL ARI					
(Only for new	nonprovisional applications under 37 CFR 1.53(b))	Express	Mail Label No		EF000848817US		0		
See MPEP 1.	APPLICATION ELEMENTS chapter 600 concerning utility patent application or ee Transmittal Form (e.g., PTO/SB/17) submit an original, and a duplicate for fee processir pplicant claims small entity status. ee 37 CFR 1.27. pecification [Total Pages or preferred arrangement set forth below) Descriptive title of the invention Cross Reference to Related Applications Statement Regarding Fed sponsored R & D Reference to sequence listing, a table,	ontents.	7	ADDRESS TO: CD-ROM or CD-	Assistant Box Pater Washingt R in dup Im (App Acid S Readab	Commissioner for Patents at Application on, D.C. 20231 Dicate, large table or endix) equence Submission de Form (CRF)	109/918877		
- E - E	or a computer program listing appendix Background of the Invention Brief Summary of the Invention		c.	L		ng identity of above co	·		
	Brief Description of the Drawings (if filed)								
- (Detailed Description Claim(s) Abstract of the Disclosure		9	Assignment Pape 37 CFR 3.73(b) S (when there is an as	tatemer	er sheet & document(s) The property of At	,,		
4. V Di	rawing(s) (35 U.S.C. 113) [Total Declaration	6] j	11.	English Translation Information Disclostatement (IDS)/F	sure PTO-14	Copies of IL	os		
a. [b. [Newly executed (original or copy) Copy from a prior application (37 CF (for continuation/divisional with Box 18 cor i. DELETION OF INVENTOR(S Signed statement attached deletin named in the prior application, see 1.63(d)(2) and 1 33(b)	15 16	14. Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 15. Certified Copy of Priority Document(s) (If foreign priority is claimed) 16. Request and Certification under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.						
6 A _l	pplication Data Sheet. See 37 CFR 1.76		17.	Other:					
or in an Application Co Prior a For CONTINUATION TO THE SERVICE SER	18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: Continuation Divisional Continuation-in-part (CIP) of prior application No.: Prior application information: Examiner Group / Art Unit For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.								
	19. CORRESPONDENCE ADDRESS								
Custon	mer Number or Bar Code Label (Insert Custome	er No. or Att	ach bar code lak	j	Corre	espondence address belov	N		
	MARGARET A. DOBROWITSKY, REG.	NO. 36,501	<u> </u>						
Name	DELPHI TECHNOLOGIES, INC.								
Address	1450 W. LONG LAKE ROAD, 4TH FLOO	PR							
City	TROY	State	MI	Zip (Code	48098			
Country	 	ephone	248-267-5548		Fax	248-267-5559			
							_		
Name Signat	(Print/Type) JOHN W. REES		Regis	stration No. (Attorne	//Agent) Date	38,278 07/31/2001	-)		

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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of the rapolitoric reduction test of the process						
FEE TRANSMITTAL	Complete if Known					
	Application Number	UNKNOWN				
for FY 2001	Filing Date	HEREWITH				
Patent fees are subject to annual revision.	First Named Inventor	BENSON				
	Examiner Name	UNKNOWN				
	Group Art Unit	UNKNOWN				

TOTAL AMOUNT O	F PAYMENT	\$710	.0.00 Attorney Docket No. DP-304,881								
METHOD OF F	PAYMENT		FEE CALCULATION (continued)								
	er is hereby authorized credit any overpay		3. ADDITIONAL FEES Large Entity Small Entity								
Deposit Account	04-2223		Fee Code	Fee	Fee Code	Fee (\$)	Fee D	Descriptio	n	Fee Paid	
Number	Number U4-2223			130	205	65	Surcharge - late				
Deposit Account DYKEMA GOSSETT PLLC			127	50	227	25	Surcharge - late sheet	provisional fi	iling fee or cove	er	
Name Charge Any Addition	nal Fee Required		139	130	139	130	Non - English sp	Non - English specification			
Under 37 CFR §§ 1.			147	2,520			For filing a reque				
Applicant claims sma See 37 CFR § 1.27	all entity status		112	920*	112		Requesting publi action				
2. Payment Enclo	sed:		113	1,840*	113	1,840*	Requesting publi action	ication of SIF	R after Examine	er	
Check Cre	dit card		115	110	215	55	Extension for rep	oly within firs	t month		
FFE CA	LCULATION		116	390	216	195	Extension for rep	oly within sec	cond month		
1. BASIC FILING F			117	890	217	445	Extension for rep	oly within thir	d month		
Large Entity Small Entit			118	1,390	218	695	Extension for rep	oly within fou	irth month		
Fee Fee Fee Fee		Fee Paid	128	1,890	228	945	Extension for rep	oly within fifth	n month		
Code (\$) Code (\$) 101 710 201 355 U	tility filina fee	710.00	119	310	219	155	Notice of Appea	l			
	esign filing fee		120	310	220	155	Filing a brief in s	support of an	appeal		
	lant filing fee		121	270	221		Request for oral				
	eissue filing fee		138	1,510	138	1,510	Petition to institu	ite a public u	ise proceeding		
	rovisional filing fee		140	110	240	55	Petition to revive	e - unavoidat	ole		
	STOTAL (1)	\$710.00	141	1,240	241	620	Petition to revive	e - unintentio	nal		
\\\			142	1,240	242	620	Utility issue fee	(or reissue)			
2. EXTRA CLAIM FEES Fee from			143	440	243	220	Design issue fee	€			
Extra Cla	aims bel	ow Fee Paid	144	600	244	300	Plant issue fee				
Total Claims 20 -20**:		= 0.00	122	130	122	130	Petitions to the	Commission	er		
Independent 2 - 3** = Claims Multiple Dependent	= X	= 0.00	123	50	123	50	Processing fee	under 37 CF			
Large Entity Small Entit	у		126	180	126	180	Submission of In Statement	nformation D	isclosure		
Fee Fee Fee Fee Code (\$) Code (\$)	Fee Descript	ion	581	40	581	40	Recording each (times number of			perty	
100 10 200	Claims in excess of		146	710	246	355	Filing a submiss (37 CFR § 1 12		al rejection		
	Independent claims Multiple dependent		149	710	249	355	For each addition (37 CFR § 1.1)		n to be examine	d	
109 80 209 40	** Reissue indepen	dent claims	179	710	279		Request for Cor	ntinued Exan			
	over original pate		169	900	169	900	Request for exp	edited exam	ination		
110 18 210 9	** Reissue claims in and over original	4 4	Oti	ner fee ((specify	')	or a design appr				
SUB ⁻											
**or number previously paid, if greater, For Reissues, see above				duced b	oy Basi	c Filing	Fee Paid	SUBTOT	AL (3)		
SUBMITTED BY								Complete (ı	f applicable)		
Name (Print/Type)	JOHN W.	REES		Registr (Attorne			38,278	Telephone	(248)	203-0832	
Signature	SPRAIN	7000						Date	07/3	1/2001	

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